



The Job Market

## Alternative Medicine in Germany

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*"One reason that universities have been slow to pursue CAM research is their prevailing 'ideological blinkers.'"*

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After completing my studies at the universities of Erlangen, Munich, and Vienna, I worked in the fields of physical medicine, cardiology, and accident surgery. I was also an assistant to the professorial chair for naturopathy at the **Free University in Berlin** (<http://www.fu-berlin.de/einrichtungen/fachbereiche/medizin/innere/allgemein/index.html>). I became interested in complementary and alternative medicine (CAM; see sidebar, below) because I was repeatedly faced with cases in which my "normal" academic training provided no answers. Also, I find the holistic approach fascinating: The centre of attention is not a single symptom--as in a machine that can be repaired by replacing a broken device--but the human being as a whole.

I gained most of my expertise in CAM from courses and seminars held in Freudenstadt by the **Association of Physicians With Special Training in Naturopathy** (<http://www.zaen.org>) and the **International Association for Neural Therapy** (<http://ignh.de>), and by the **German Medical Association for Acupuncture** (<http://www.daegfa.de>) in Munich. Additionally, my posts and internships at CAM hospitals and practices and at the Free University in Berlin helped me improve my skills.

Last autumn, I opened my own practice in Munich. Prior to this, I had built up and directed a clinical division for CAM in a public hospital. This division had been integrated as an individual priority area into the clinic for internal medicine alongside geriatrics and cardiology. This integrative approach was useful, although interestingly, colleagues from other clinics--such as orthopaedists and gynaecologists--proved to be more open to CAM than most of the internists.

In my practice, my methodological focus is on neural therapy, but I also use acupuncture, homeopathy, and phytotherapy. Neural therapy was invented by Ferdinand Huneke in the 1920s. Injections of, normally, 1% Procaine at certain spots allow local pain treatments and especially the stimulation of the vegetative nervous system. In result this leads to revitalisation and the improvement of the body's own regulative capacities through the connective tissue or "basic regulation tissue." Acupuncture is a special form of traditional Chinese medicine and is widely accepted, although not among all medical doctors, particularly for the treatment of pain. Very thin needles are injected to balance blockades in special "energy meridians." Phytotherapy describes the use of plant-derived products, such as tea or herbs, and is very commonly applied in Germany. For example, digitalis (foxglove/Fingerhut) is a common herbal medicine.

The two basic principles of homeopathy were developed by Samuel Hahnemann. The first, "*simile similibus curentur*," or "to cure symptoms with similar things," means that we are looking for substances that cause the patient's symptoms in healthy people. Second, medicaments are generated through "potentising," a process through which the basic substance is diluted with lactose or alcohol to create a dilution series. The result is that deeper dilutions mostly take affect physically, whereas the higher ones act more mentally.

## What's in a Name?

The term "alternative medicine" can cause misunderstandings because it implies that this form of medicine is somehow contrary to conventional, or "mainstream," medicine. To avoid this misconception, the term "complementary medicine" can be used in the sense of being a supplement to conventional medicine ("Schulmedizin"). Whereas the expression "complementary and alternative medicine" (CAM) has become popular in the United States, the terms "Naturheilverfahren" (natural treatment methods) or "ganzheitliche Medizin" (holistic medicine) are most prevalent in Germany.

Despite the high degree of respect and acceptance among the general public (recent polls indicate that about 70% of Germans approve of CAM), the lion's share of research is still undertaken by amateurs, private laboratories, or private initiatives. One reason that universities have been slow to pursue CAM research is their prevailing "ideological blinkers." Several trial schemes do exist--in most cases in the form of experimental projects or as the personal hobbyhorse of a junior doctor--but there is no general trend that would allow one to conclude that new approaches are becoming visible or generally accepted.

This is sad from the perspective that in day-to-day practice in the clinic, CAM has proven its quality. Nonetheless, therapeutic success usually divides colleagues into two factions. The first faction is open to new methods, mostly being interested and surprised because the "quackery" proves helpful. The second faction starts to operate behind the scenes--or even in some cases openly--against CAM.

Overall, I think there is a need for CAM practitioners to have greater freedom in their therapeutic decisions. In the end, this comes down to the standing of CAM experts within the hospital hierarchy. If the hospital's governing body is serious about CAM, it needs to implement structures that guarantee a freedom of choice of treatment. But where treatment choice is in dispute, the usual situation places CAM practitioners against the rest of the medical personnel, in which case they need to have a good line of arguments and a good and widely accepted reputation.

For those interested in getting involved in CAM, I would recommend taking a few courses at different institutions. This orientation phase allows you to familiarise yourself with all the different groups and their specific areas of emphasis. If a particular group or method appeals to you, then joining this group and honing your skills and knowledge would be the next steps. In the end, everyone will pick the methods that are most appealing to them personally. To me, it is not the method you pursue as key factor -- if your special method suits you, you will become a successful expert in what you do. Rather it is developing the general holistic approach and the resonance with your patients.

Following a traditional academic career path is undoubtedly more difficult for these reasons. Compared to conventional medicine, CAM so far lacks the support of an "old boys' network" that could help make it more accepted by the universities.

From my own perspective, the holistic approach and the variety of methods are the biggest advantages of CAM over conventional approaches. It is very rewarding to practice medicine in a way that matches human beings to treatments and that also provides additional knowledge for the doctor.

## Recommended Reading and Links:

T. Beck, "Zu den Grundlagen von Naturheilverfahren" Forschende Komplementärmedizin, Karger, 2001.

"Praxisleitfaden Naturheilverfahren" Urban und Fischer Verlag, München **Datadiwan** (<http://www.datadiwan.de>) database for holistic medicine and frontier science.

Please feel free to **contact** (<mailto:drdrbeck@t-online.de>) Dr. Thomas Beck or take a look at his **web site** (<http://www.BeckDoc.de>) if you have further questions!

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